

Return To: Betty Burriss
Frankfort Paratransit
A.D.A. Application
P.O. Box 697
Frankfort, KY 40602
Fax: (502) 352-2155
Phone: (502) 875-8565

ISSUED BY _____

RIDER CODE _____

I.D.CARD# _____

SOCIAL SECURITY NO. _____

DATE _____

PERSONAL

NAME: _____ TELEPHONE _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
HOUSE NO. STREET ZIP CODE

REFERRING PERSON/AGENCY _____ TELEPHONE _____

MOBILITY

- 1) What is your birthdate _____
- 2) Nature of your disability (s) _____
(Enter name of disability if known) _____
- 3) Are you now able to use the present Frankfort Transit bus service unassisted? Yes ____ No ____
- 4) Do you use an aid? Yes ____ No ____ If so, what type? _____
- 5) Are you in a wheelchair? Yes ____ No ____
 - a) Are you able to get to the fixed bus route? _____
 - b) Is inclement weather a hindrance to your using the fixed route? _____
 - c) Are there any other barriers we should know about? _____
- 6) Is there anything else we should know about your health? _____
- 7) Do you need an escort? Yes ____ No ____ If yes, who is your personal care attendant? _____
- 8) Are you currently served by an organization for the disability? Yes ____ No ____
(If yes – who?) _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND IF THIS APPLICATION IS APPROVED, I WILL BE ISSUED AN IDENTIFICATION CARD, AND IF ISSUED, I WILL NOT LOAN MY IDENTIFICATION CARD TO ANYONE. I UNDERSTAND THAT MY CERTIFICATION WILL BE GOOD FOR ONE YEAR IF APPROVED.

DATE _____

Signature of applicant, parent, or guardian

I recommend this person to be deemed eligible for the Frankfort A.D.A. Paratransit service and certify the above statements to be true to the best of my knowledge.

Signature of Person Making Certification

Agency and/or Physician

Date Application Received _____